

BEST AVAILABLE COPY

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/977,494
Filing Date	October 16, 2001
First Named Inventor	Lawrence WILCOCK
Art Unit	2157
Examiner Name	Moustafa M. MEKY
Attorney Docket Number	1509-222

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 C.F.R. §1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 C.F.R. §1.114

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. §1.116 previously filed on _____
(Any un-entered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- iii. ☐ Other: _____
- b. ☒ Enclosed
- i. ☐ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☒ Information Disclosure Statement (IDS)
- iv. ☐ Other: _____

2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. §1.17(l) required)
- b. ☐ Other: _____

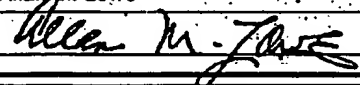
3. Fees

The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed.

- a. ☒ The Director is hereby authorized to charge any deficiency in the following fees, or credit any overpayments, to Deposit Account No. 08-2025
- i. ☐ RCE fee required under 37 C.F.R. §1.17(e) - \$790.00 or \$395.00
- ii. ☐ Extension of time fee (37 C.F.R. §§1.138 and 1.17) - \$_____
- iii. ☐ Other: _____
- b. ☐ Check No. _____ in the amount of \$_____ is enclosed.
- c. ☐ Payment by Credit Card Form PTO-2038 enclosed.

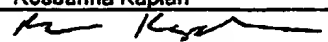
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Allan M. Lowe	Registration No. (Attorney/Agent)	19,841
Signature		Date	April 12, 2005

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Name (Print/Type)	Roseanna Kaplan	Date	April 12, 2005
Signature			

AML:rk